

MEMBERSHIP APPLICATION FORM

COMPANY DETAILS	
COMPANY NAME:	
PHYSICAL ADDRESS:	
POSTAL ADDRESS:	
TELEPHONE:	FAX:
EMAIL ADDRESS:	
WEBSITE:	

CATEGORY *(Tick the appropriate box)*

☐

Manufacturer

☐

Wholesaler

☐

Pharmacy

☐

V.M.G.D.

COMPANY REPRESENTATIVE DETAILS*
NAME:
POSITION HELD:
EMAIL ADDRESS:
PERSON APPROVING REP:
POSITION:

* AHICZ representative is the person appointed to exercise voting rights (where applicable) of any eligible member in all AHIC matters. He/she is the focal point for the distribution of correspondence and communication between AHICZ and the member.

OFFICIAL USE ONLY
ACCEPT/REJECT APPLICATION*:
REASON FOR REJECTION: